



Minnesota Department of Natural Resources

DNR LANDOWNER DISCLOSURE STATEMENT

TO BE COMPLETED WITH THE LANDOWNER

(Form approved, Lands & Minerals, 3/20/2008)



Project Name	Project No:	County:
Owner's Full Name	Telephone Number () -	
Property Address (No. & Street, RFD, Box #, City, State, Zip Code)		

Attach additional pages if additional space is required.

1. When did you acquire the property? _____
 2. Is the subject property listed for sale? Yes No If yes, please list the realtor: _____ Telephone number: () _____
Has the subject property been listed in the past 12 months? Yes No
 3. Has the land been surveyed? Yes No By Whom: _____ Is a copy available? Yes No
 4. Are you aware of any property markers on the property?..... Yes No
 5. To your knowledge are there any neighborhood boundaries or trespass concerns? (If yes, please provide information below.)..... Yes No
 6. To your knowledge are there any easements? (If yes, please provide information below.)..... Yes No
 7. Have you given permission to anyone to use your land (i.e. hunting)? (If yes, please provide information below.)..... Yes No
 8. Are there any shared driveways? (If yes, please provide information below.)..... Yes No
 9. To your knowledge, does the property conform to current zoning? (If no, please provide information below.)..... Yes No
 10. Are you aware of any proposed zoning changes? (If yes, please provide information below.)..... Yes No
 11. Are there any structures or improvements included in the acquisition? (If yes, please provide information below.)..... Yes No
 12. Are there any problems or defects with any of these items? (If yes, please provide information below.)..... Yes No
 13. Were there any previous structures on the property? (If yes, please provide information below.)..... Yes No
 14. Are you aware of any gravel reserves on the property? (If yes, please provide information below.)..... Yes No
 15. Are there any buried storage tanks, debris or waste on the property? (If yes, please provide information below.)..... Yes No
 16. Are there any environmental concerns, hazardous or toxic substances or wastes in, on or affecting this property?..... Yes No
(If yes, please provide information below.)
 17. Are you aware of any human remains, burials or cemeteries located on the property? (If yes, please provide information below.)..... Yes No
 18. Are you aware of any methamphetamine production that has occurred on the property? (If yes, please provide information below.)..... Yes No
 19. Are you aware of anything else that may materially and adversely affect the property? (If yes, please provide information below.)..... Yes No
- Is there a private well? Yes # _____ No In use? Yes No Abandoned? Yes No Sealed? Yes No (attach certificate)
- Is there a septic system? Yes No In use? Yes No Abandoned? Yes No

Comments:

Name, Title, and Signature of Staff Completing Form: _____ Date: _____